

CAL-LEARN CASE MANAGEMENT INTER-COUNTY TRANSFER SUMMARY*This form is to be sent only to Case management Agency in the receiving county.*

NAME		DOB / /	
SSN		LODESTAR IDENTIFICATION NUMBER:	
NEW ADDRESS:		NEW PHONE: ()	
HEALTH INFORMATION:	EDC / /	GENERAL:	
MENTAL HEALTH ISSUES:			
SUBSTANCE USE:			
EDUCATION INFORMATION:	LAST SCHOOL		
ADDRESS		PHONE: ()	
CONTACT PERSON:		LAST DATE ATTENDED: / /	
GRADES/CREDITS:	OTHER INFORMATION:		
PENDING LEGAL:			
BASIC NEEDS:			
SAFETY/VIOLENCE ISSUES:			
SOCIAL SUPPORT ISSUES:			
PARENTING ISSUES:			
CURRENT PARTNER:			
INDEX CHILD:	FIRST	LAST	DOB / /
			TRANSFERRING WITH CLIENT <input type="checkbox"/> Y <input type="checkbox"/> N
CONCERNS:		FOB:	
CHILD:	FIRST	LAST	DOB / /
			TRANSFERRING WITH CLIENT <input type="checkbox"/> Y <input type="checkbox"/> N
CONCERNS:		FOB:	
CHILD:	FIRST	LAST	DOB / /
			TRANSFERRING WITH CLIENT <input type="checkbox"/> Y <input type="checkbox"/> N
CONCERNS:		FOB:	
ANY ADDITIONAL INFORMATION HELPFUL TO THE RECEIVING CASE MANAGER:			
CASE MANAGER (PLEASE PRINT)			DATE OF LAST CONTACT WITH CASE MANAGER: / /
AGENCY ADDRESS:			DATE: / /
			PHONE: ()